## Notification Hazardous Waste Sit

**United States Environmental Protection** Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Compre-hensive Environmental Response, Compen-paper. Indicate the letter of the item

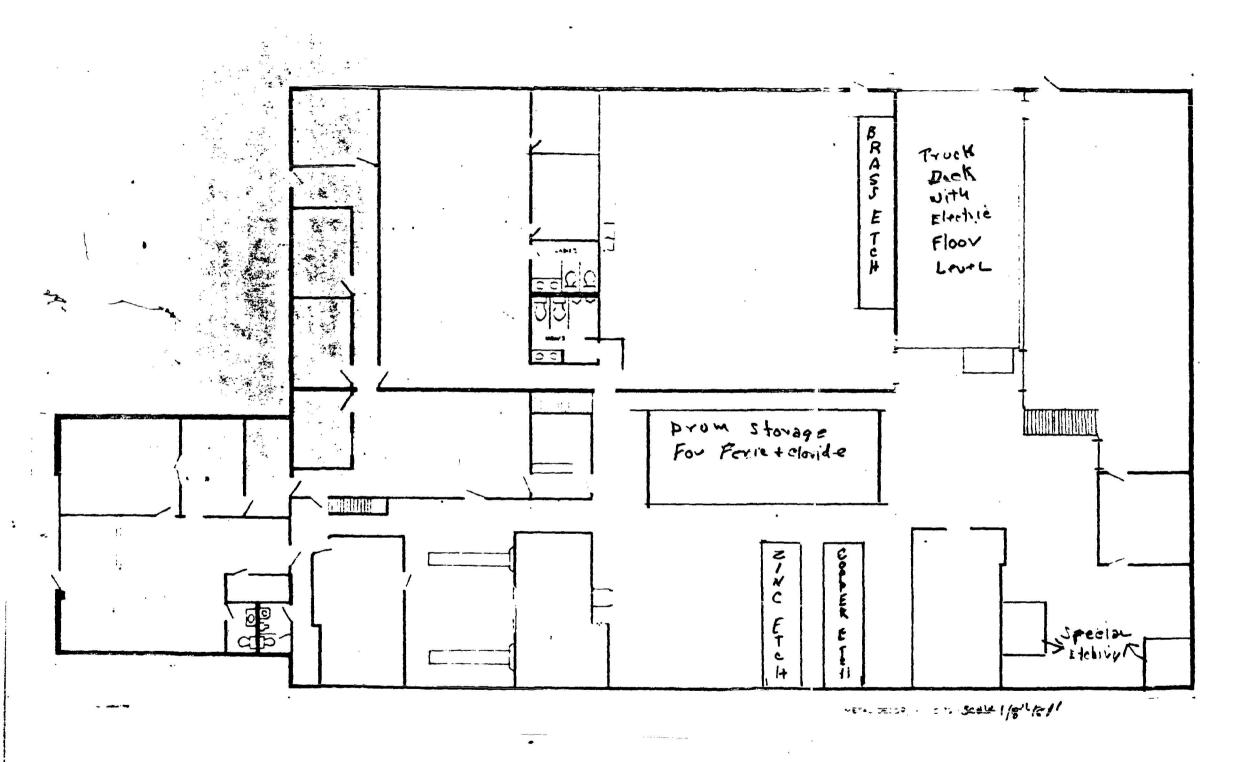
Please type or print in ink. If you need

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	sation, and Liability Act of 1980 be mailed by June 9, 1981.	and must	which applies.	814	0528			
<u></u>	Person Required to Notify:		1LS-000-001- P9/2					
	Enter the name and address of the person or organization required to notify.		Name	Tech	nical Industria	I Products C	orp.	
			Street	9000	N. Pioneer Ro	d		
		City	Peor	ia	State IL	Zip Code	61615	
В	Site Location:			net	al Dorm	Dane		<del></del>
V	Enter the common name (if known) and actual location of the site.  11		Name of Site Mercar action association of the state of th					
7			Street of 3/ Millsen / arkway					
			City Spr	ing	Lecounty July	State LL	Zip Code	2708
C	Person to Contact:			4	C, JAMES SOR	gamen		
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title) James G. Hess, Production Manager					
			Phone (2	217)	523-4565			
								<del></del>
E	Dates of Waste Handling:		<del> </del>	<u> </u>		<del></del>	<del></del>	
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year		To (Year) <b>/98</b> /			
	you do not know the general wa	Place an X in the appropriate boxes.  1.  Mining 2.  Construction 3.  Textiles 4.  Fertilizer 5.  Paper/Printing 6.  Leather Tanning 7.  Iron/Steel Foundry 8.  Chemical, General 9.  Plating/Polishing 10.  Military/Ammunition			Option 2: This opportunity of the list of hazardo contacting the EPA located.	ation and Recovery R Part 261).  Waste: a four-digit number ations under Sections under Sections under Sections wastes and cod A Region serving the se	er to each had an 3001 of Riboxes provide es can be obtaine State in w	zardous waste CRA. Enter the ed. A copy of tained by
		14. □ Sa 15. □ Ph	ility Companies nitary/Refuse otofinish b/Hospital			00004 MAY		ì
		17. 🗆 Un		1	EPA Re	egion 5 Records Ctr.		81
		18. □ Ot	her (Specify)	_		298416		28/81

Form Approved OMB No. 2000-0138 EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	<b>~</b>	. 1					
F	Waste Quantity:	Facility Type	Total Facility Waste Amoun	ıt					
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. □ Piles	cubic feet						
	In the 'total facility waste amount" space	<ol> <li>2. □ Land Treatment</li> <li>3. □ Landfill</li> </ol>	gallons 32,500 per ye	ar <b>G</b>					
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. □ Tanks	Total Facility Area						
	using cubic feet or gallons. In the "total facility area" space, give the	<ul><li>5. ☐ Impoundment</li><li>6. ☐ Underground Injection</li></ul>	square feet						
	estimated area size which the facilities occupy using square feet or acres.	7. 🖰 Drums, Above Ground	acres						
	occupy using square feet or acres.	8. ☐ Drums, Below Ground 9. ☐ Other (Specify)							
G	Known, Suspected or Likely Releases								
	Place an X in the appropriate boxes to indicate any known, suspected, □ Known □ Suspected □ Likely ☒None or likely releases of wastes to the environment.								
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.								
H	Sketch Map of Site Location: (Option	al)							
	Sketch a map showing streets, highways, routes or other prominent landmarks near.	est and a							
	the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	See Attached							
				i					
				I					
I	Description of Site: (Optional)			4					
	Describe the history and present conditions of the site. Give directions to								
	the site and describe any nearby wells, springs. lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which								
	may help describe the site conditions.								
J	Signature and Title:	Name Metal Decor							
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required	Name		<ul><li>□ Owner, Present</li><li>□ Owner, Past</li><li>□ Transporter</li></ul>					
	trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address	P.O. Box 3606	□ Tran						
	in item A). For other persons providing notification, the signature is optional.	city Springfield State IL	Zin Codo DZYUB	rator, Present rator, Past					
	Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required	Signature James G. Hess, Production							
	to notify check "Other".	James G. Hess, Production	on Manager						



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